



AMENDMENT TO CHARTER

National Advisory Council for Healthcare Research and Quality
(Formerly the National Advisory Council for Health Care Policy, Research, and Evaluation)

Purpose

The Council is to advise the Secretary of HHS and the Director of the Agency for Healthcare Research and Quality (AHRQ), on matters related to actions of the Agency to enhance the quality, improve the outcomes, and reduce the costs of health care services, as well as improve access to such services, through scientific research and the promotion of improvements in clinical practice and in the organization, financing, and delivery of health care services.

Authority

42 U.S.C. **299C**, section 921 of the Public Health Service (PHS) Act. The Council is governed by provisions of Public Law 92-463 (5 U. S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

Functions

The Council shall advise the Secretary and Director through recommendations regarding priorities for a national agenda and strategy for:

- priorities regarding health care research, especially studies related to quality, outcomes, cost and utilization of, and access to, health care services;
- the field of health care research and related disciplines, especially issues related to training needs,, and dissemination of information pertaining to health care quality; and
- the appropriate role of the Agency in each of these areas in light of private sector activity and identification of opportunities for public-private partnerships.

Structure

The Council shall consist of 21 appropriately qualified individuals. At least 17 members of the Advisory Council shall be representatives of the public who are not officers or employees of the United States and at least 1 member who shall be a specialist in the rural aspects of 1 or more of

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the following professions or fields. Of such members: 3 shall be individuals distinguished in the conduct of research, demonstration projects, and evaluations with respect to health care; 3 shall be individuals distinguished in the fields of health care quality research or health care improvement; 3 shall be individuals distinguished in the practice of medicine of whom at least one shall be a primary care practitioner; 3 shall be individuals distinguished in the other health professions; 3 shall be individuals either representing the private health care sector, including health plans, providers, and purchasers or individuals distinguished as administrators of health care delivery systems; 3 shall be individuals distinguished in the fields of health care economics, information systems, law, ethics, business, or public policy; and 3 shall be individuals representing the interests of patients and consumers of health care.

The Council also shall include Federal officials as ex officio members. The Secretary shall designate as ex officio members of the Advisory Council: the Assistant Secretary for Health, the Director of the National Institutes of Health, the Director of the Centers for Disease Control and Prevention, the Administrator of the Health Care Financing Administration, the Commissioner of the Food and Drug Administration, the Director of the Office of Personnel Management, the Assistant Secretary of Defense (Health Affairs), and the Under Secretary for Health of the Department of Veterans Affairs. Such other Federal officials as the Secretary may consider appropriate may also be appointed.

The Director, Agency for Healthcare Research and Quality, shall, **from** among the members of the Advisory Council, designate an individual to serve as the chair of the Advisory Council.

Members shall be appointed for a term of 3 years. To ensure the staggered rotation of one-third of the members of the Advisory Council each year, the Secretary is authorized to appoint the initial members of the Advisory Council for terms of **1, 2, or 3** years.

If a member of the Advisory Council does not serve the full term applicable the individual appointed to fill the resulting vacancy shall be appointed for the remainder of the term of the predecessor of the individual. Management and support services shall be provided by the Immediate Office of the Director, Agency for Healthcare Research and Quality.

Meetings

The Advisory Council shall meet not less than once during each discrete **4-month** period and shall otherwise meet at the call of the Director or the chair.

Meetings shall be open to the public except as determined otherwise by the Secretary or other official to whom the authority has been delegated; notice of all meetings shall be given to the public.

Compensation

Members shall be paid at a rate not to exceed the daily equivalent of the rate in effect for Executive level IV of the Executive Schedule, for each day they are engaged in the performance

of their duties as members of the committee. Officials designated as ex officio members of the Advisory Council may not receive compensation for service on the Advisory Council in addition to the compensation otherwise received for duties carried out as officers of the United States.

Annual Cost

Estimated annual cost for operating the Council, including compensation and travel expenses for members but excluding staff support, is \$97,670. The estimate of staff years of support required is .7, at an estimated annual cost of \$58,723.

Reports

In the event a portion of a meeting is closed to the public, a report shall be prepared which shall contain, as a minimum, a list of members and their business addresses, the Committee's function, dates and places of meetings, and a summary of committee activities and recommendations made during the fiscal year. A copy of the report shall be provided to the Department Committee Management Office.

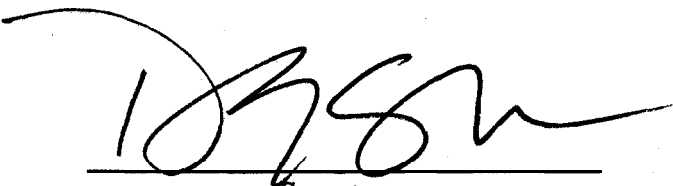
Duration

Notwithstanding section 14(a) of the Federal Advisory Committee Act, the Advisory Council shall continue in existence until otherwise provided by law.

APPROVED:

11/3/00

Date


Secretary



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, O.C. 20201

Charter

National Advisory Council for
Health Care Policy, Research and Evaluation

Purpose

The Council shall provide advice to the Secretary and the Administrator, Agency for Health Care Policy and Research, on matters related to the actions of the Agency to enhance the quality, appropriateness, and effectiveness of health care services and access to such services through scientific research and the promotion of improvements in clinical practice and the organization, financing, and delivery of health care services.

Authority

42 U.S.C. 299c; Section 921 of the Public Health Service Act, as amended. The Council is governed by provisions of Public Law 92-463 (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

Functions

The Council shall advise the Secretary and Administrator through recommendations regarding priorities for a national agenda and strategy for:

- o conduct of research, demonstration projects, and evaluations with respect to health care, including clinical practice and primary care;
- o development and application of appropriate health care technology assessments;
- o development and periodic review and updating of guidelines for clinical practice, standards of quality, performance measures, and medical review criteria with respect to health care;
- o conduct of research on outcomes of health care services and procedures.

The Council shall, in addition, provide second level review of grant applications in excess of \$250,000 total direct costs.

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Structure

The Council shall consist of 17 appropriately qualified members of the public appointed by the Secretary. Among these 17 voting members, 8 shall be individuals distinguished in the conduct of research, demonstration projects, and evaluations with respect to health care; 3 shall be individuals distinguished in the practice of medicine; 2 shall be individuals distinguished in the health professions; 2 shall be individuals distinguished in the fields of business, law, ethics, economics, and public policy; and 2 shall be individuals representing the interests of consumers of health care.

The Council also shall include Federal officials as ex officio members. The voting Federal members shall be the Administrator, Alcohol, Drug Abuse and Mental Health Administration, the Director, National Institutes of Health, the Director, Centers for Disease Control, the Administrator, Health Care Financing Administration, the Commissioner of Food and Drugs, the Assistant Secretary of Defense (Health Affairs), and the Chief Medical Officer of the Department of Veterans Affairs. Such other Federal officials as the Secretary may consider appropriate may be appointed as non-voting members..

The Administrator, Agency for Health Care Policy and Research, shall select one of the 17 public members as Chair. A quorum of the Council shall consist of a majority of the voting members or their representatives.

Members shall be appointed for a term of 3 years, except that of the 17 members first appointed, 6 shall serve for 3 years, 6 shall serve for 2 years, and 5 shall serve for 1 year.

Any member appointed to fill a vacancy for an unexpired term shall serve for the remainder of such term. Members may serve after the expiration of their terms until their successors have taken office.

Management and support services shall be provided by the Agency for Health Care Policy and Research.

Subcouncil on Outcomes and Guidelines

From the membership of the Council, the Secretary shall establish a Subcouncil on Outcomes and Guidelines. The Secretary shall designate eight of the public members of the Council to serve on the Subcouncil. Six members of the Subcouncil shall be

individuals who are distinguished in the following areas: conduct of research, demonstration projects, and evaluations with respect to health care; the practice of medicine; and health professions. Two members of the Subcouncil shall be individuals who represent consumer interests in health care or who are distinguished in the fields of business, law, ethics, economics, and public policy. In addition to the 8 public members, the membership of the Subcouncil shall include the ex officio Federal representatives required by statute to serve on the Council.

The Subcouncil shall select the Chair from among its members.

Meetings

The Council shall meet not less than once during each discrete four-month period, or more frequently as determined by the Administrator or the Chair. The Chair shall approve the agendas. Meetings shall be open to the public except as determined by the Secretary and notice of meetings shall be given to the public. Meetings shall be conducted and records of the proceedings kept; as required by applicable laws and Departmental regulations.

Compensation

Members who are not full-time Federal employees shall be compensated at a daily rate commensurate with the maximum rate of basic pay for GS-18 of the General Schedule, plus per diem and travel expenses in accordance with standard Government Travel Regulations.

Annual Cost Estimate

Estimated annual cost for operating the Council, including compensation and travel expenses for members but excluding staff support, is \$127,434. The estimate of staff years of support required is 1.5, at an estimated annual cost of \$73,569.

Reports

An annual report shall be submitted to the Secretary no later than January 31 of each year, which shall contain as a minimum a list of members and their business addresses, the committee's

functions, dates and places of meetings, and a summary of committee activities and recommendations made during the fiscal year. A copy of the report shall be provided to the Department Committee Management Officer.

Termination Date

Notwithstanding Section 14(a) of the Federal Advisory Committee Act, the Council shall continue in existence until otherwise provided by law.

APPROVED:

3/22/90
Date

Louis W. Sullivan, M.D.
Louis W. Sullivan, M.D.
Secretary